

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS							09/101825	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
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TOTAL IND.	↓	↓	↓	↓	↓	↓	↓	↓
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TOTAL CLAIMS	↓	↓	↓	↓	↓	↓	↓	↓